

Chancroid

1. DISEASE REPORTING

A. Purposes of Reporting and Surveillance

1. To assess trends in epidemic patterns, understand the impact of the burden of disease on populations, the health care infrastructure, and to better target population-level disease prevention efforts;
2. To assure the adequate treatment of infected individuals in order to reduce the duration of infectiousness and prevent sequelae of infection;
3. To identify cases in a timely fashion in order to interrupt the chain of infection through patient-level interventions such as management of sexual contacts and behavioral risk reduction counseling.

B. Legal Reporting Requirements

1. Health care providers: notifiable to local health jurisdiction within 3 work days
2. Hospitals: notifiable to local health jurisdiction within 3 work days
3. Laboratories: no requirements for reporting
4. Local health jurisdictions: notify the Washington State Department of Health (DOH), STD Services Section within 7 days of case investigation completion; summary information required within 21 days for all reported cases

C. Local Health Jurisdiction Investigation Responsibilities

1. Chancroid cases should be reported using the STD Morbidity Report Form.
(<http://www.doh.wa.gov/LHJMap/LHJMap.htm>)
2. Local health jurisdiction staff should initiate an investigation of the index patient within 3 working days of receiving a report indicative of chancroid.
3. Local health jurisdiction staff should inform health care providers of the importance of instructing patients to refer sex partners for evaluation and treatment.

2. THE DISEASE AND ITS EPIDEMIOLOGY

A. Etiologic Agent

Haemophilus ducreyi bacterium.

B. Description of Illness

An acute bacterial infection localized in the genital area and characterized by single or multiple painful, necrotizing ulcers at the site of infection; frequently accompanied by painful swelling and suppuration of regional lymph nodes.

C. Chancroid in Washington State

During the past 10 years, a total of five chancroid cases have been reported to DOH.

D. Reservoir

Humans

E. Modes of Transmission

Direct sexual contact with discharges from open lesions and pus from buboes. Auto-inoculation to non-genital sites may occur in infected persons.

F. Incubation Period

From 3 to 5 days, up to 14 days

G. Period of Communicability

Until lesions are healed and as long as infectious agent persists in the original lesion or discharging regional lymph nodes – up to several weeks or months in the absence of antibiotic therapy.

H. Treatment

See CDC treatment guidelines at: <http://www.cdc.gov/std/treatment>

3. CASE DEFINITIONS**A. Clinical Criteria for Diagnosis**

A sexually transmitted disease characterized by painful genital ulceration and inflammatory inguinal adenopathy.

B. Laboratory Criteria for Diagnosis

Isolation of *H. ducreyi* from a clinical specimen

C. Case Definition

1. Probable: a clinically compatible case with one or more painful genital ulcers; the patient has no evidence of *Treponema pallidum* infection by dark field exam of ulcer exudates or by a serologic test for syphilis performed at least 7 days after onset of ulcers; the clinical presentation, appearance of genital ulcers and, if present, regional lymphadenopathy are typical for chancroid; and a test for HSV performed on the ulcer exudates is negative.

The combination of a painful ulcer and tender inguinal adenopathy, symptoms occurring in up to one-third of patients, suggests a diagnosis of chancroid when accompanied by suppurative inguinal adenopathy, these signs are almost pathognomonic.

2. Confirmed: a clinically compatible case that is laboratory confirmed.

4. DIAGNOSIS AND LABORATORY SERVICES**A. Diagnosis**

A definitive diagnosis of chancroid requires identification of *H. ducreyi* on special culture media that is not widely available for commercial sources. Moreover, sensitivity with such media is < 80%. No FDA-approved PCR test for *H. ducreyi* is available in the United States.

B. Tests Available at PHL

None

C. Criteria for Testing at PHL

Not applicable

D. Specimen Collection

Not applicable

5. ROUTINE CASE INVESTIGATION**A. Evaluate the Diagnosis**

See diagnosis above. Syphilis infection should be ruled out by dark field examination of ulcer exudates or by serologic test for syphilis performed at least 7 days after the onset of the lesion.

B. Identify Source of Infection and Potentially Exposed Persons

Most prevalent in tropical and subtropical regions, where incidence may be higher than that of syphilis and approach that of gonorrhea in men. Sexual history should include a travel history for the last month.

Sex partners of patients who have chancroid should be examined and treated, regardless of whether symptoms of the disease are present, if they have had sexual contact with the patient during the 10 days preceding the patient's onset of symptoms or at any time following the onset of symptoms.

C. Environmental Evaluation

Not applicable

6. CONTROLLING FURTHER SPREAD**A. Infection Control Recommendations**

1. Health Care setting:

Standard Precautions are a set of protocols designed to reduce the risk of (or prevent) transmission of pathogens. Standard precautions synthesize the major features of Universal (Blood and Body Fluid) Precautions (designed to reduce the risk of transmission of blood borne pathogens) and Body Substance Isolation (designed to reduce the risk of transmission of pathogens from moist body substances). Under standard precautions blood, all body fluids, and all body substances of patients are considered potentially infectious (CDC, 1997).

See: CDC Program guidelines: <http://www.cdc.gov/std/program/med&lab.pdf>

2. General

When used consistently and correctly, male latex condoms are effective in preventing the sexual transmission of STDs.

B. Case Management

See routine case investigation above.

C. Contact Management

See routine case investigation above.

D. Environmental Measures

Not applicable

7. MANAGING SPECIAL SITUATIONS

HIV-infected patients who have chancroid should be monitored closely. Patients with HIV are more likely to experience treatment failure and to have ulcers that heal more slowly. HIV-infected patients may require longer courses of therapy than those recommended for HIV-negative patients; and treatment failures can occur with any regimen.

Call the Department of Health STD Services for special situations. (360 236-3460)

8. ROUTINE PREVENTION**A. Vaccine Recommendations**

No vaccine currently exists for chancroid.

B. Prevention Recommendations

Key individual STD prevention messages include:

Abstinence

Abstain from sex (do not have oral, anal, or vaginal sex) until you are in a relationship with only one person, are having sex with only each other, and each of you knows the other's STD, including HIV status.

If you have, or plan to have, more than one sex partner:

- Use a latex condom and lubricant every time you have sex.
- Get tested for asymptomatic STDs including HIV.
- If you are a man who has had sex with other men, get tested at least once a year.
- If you are a woman who is planning to get pregnant or who is pregnant, get tested for syphilis and HIV as soon as possible, before you have your baby. Ask your health care provider about being tested for other STDs.
- Talk about HIV and other STDs with each partner before you have sex.
- Learn as much as you can about each partner's past behavior (sex and drug use).
- Ask your partners if they have recently been treated for an STD or have been tested for HIV; encourage those who have not been tested to do so.
- Get vaccinated against hepatitis B virus.

Do not inject illicit drugs.

Drugs also affect your ability to make decisions, which may result in riskier sex.

If you do inject drugs, do the following:

- Use only clean needles, syringes, and other works.
- Never share needles, syringes, or other works.
- Be careful not to expose yourself to another person's blood.
- Get tested for HIV at least once a year.
- Consider getting counseling and treatment for your drug use.
- Get vaccinated against hepatitis A and B viruses.
- Do not have sex when you are taking drugs or drinking alcohol because being high can make you more likely to take risks.

Key prevention strategies include:

STD prevention counseling, testing, and referral services – Individuals at risk for STD should be offered counseling regarding methods to eliminate or reduce their risk and testing so that they can be aware of their status and take steps to protect their own health and that of their partners.

Partner Services (or Partner Notification) with strong linkages to prevention and treatment/care services – Sexual partners of STD-infected persons have been exposed to STD and are at-risk of being infected. Partner services locate these individuals based on information provided by the patient and provide counseling and education about the exposure as well as services to prevent infection or, if infected, linkages to care.

Prevention for high-risk populations – Prevention interventions for high-risk populations at high-risk or STDs, including HIV-infected persons, are critical to reducing the spread of STDs and HIV and ensure that those at highest risk of acquiring or transmitting these diseases are given the tools necessary to protect themselves and others from HIV infection. Prevention includes targeted health education and risk reduction, health communication programs, and public information programs for at-risk populations and the general public.

School-based STD Prevention – Schools have a critical role to play in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns. Washington State requires schools to teach medically accurate comprehensive sex education if such is provided by the school district.

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